

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Cabnet
 City or town Huntingtown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Cabnet
 City or town Huntingtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Edith M. Charannes

3. (b) Social Security Number

no

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Cecil Charannes

7. Birth date of deceased (mo., day, yr.)

July 25, 1856

6. (c) If alive, give age

73 years

8. AGE:

Years

Months

Days

If less than one day

9214

hrs.

min.

9. Birthplace

Cabnet Co., Md
(Town, county, and state)

10. Usual occupation

Home

11. Industry or business

FATHER

12. Name

John Doney

13. Birthplace

Md

MOTHER

14. Maiden name

Sarah Ireland

15. Birthplace

Md

16. Informant

Cecil Charannes

Address

Huntingtown, Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 31, 1948

Cemetery or crematory

Druid Ridge Cem.

Location

Baltimore, Md

18. Funeral director

G. G. Harkness & Son

Address

Mt Airy, Md

19.

(Date rec'd by registrar)

19 78N. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 19 48 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April - 17 19 48 to Aug 29 19 48and that I last saw him alive on Aug 25 19 48

Immediate cause of death

Acidosis

DURATION

Due to

Ca. of Stomach

Due to

Generalized arterio-sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

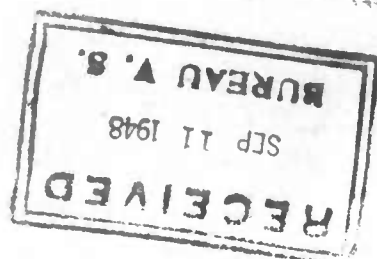
Address

St Bernard MtDate signed 8/30/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Reg. Diat. No. 32

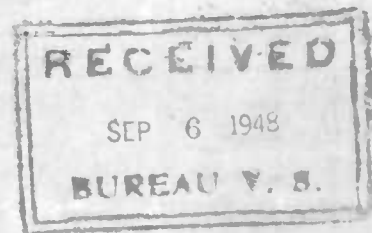
MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: County..... City or town..... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... County..... City or town..... (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name wasr.....			
3. (a) FULL NAME Margaretta Fensabrens				3. (b) Social Security Number			
4. Sex F		5. Color or race W		6. (a) Single, married, widowed, or divorced Married		MEDICAL CERTIFICATION	
6. (b) Name of husband or wife C. H. Fensabrens				20. DATE OF DEATH 8/31 1948 at 9:50 A.M.			
7. Birth date of deceased (mo., day, yr.) 1974		6. (c) If alive, give age 75		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/28 1948 to 8/31 1948 and that I last saw him alive on 8/31 1948			
8. AGE: 74		Years 74		Months 74		Days 74	
9. Birthplace Germany		10. Usual occupation H.W.		11. Industry or business Henry Schwegler		Immediate cause of death Atherosclerosis Heart disease	
12. Name Henry Schwegler		13. Birthplace Germany		14. Maiden name Wilhelmina (Wilhelmina)		DURATION	
15. Birthplace Germany		16. Informant Daughter		17. Removal - Burial - Cremation Burial - Prospect Hill Cem.		Other conditions (Include pregnancy within 3 months of death)	
18. Address 3709 37th Ave S.W.		19. Date thereof Aug 31 48		20. Cemetery or crematory WASHINGTON D.C.		Major findings of operations Date of op.	
21. Funeral director Lee Funeral Home		22. Address Washington, D.C.		23. Signature H. H. Green		Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
24. (Date read by registrar) Aug 31 48		25. Registrar Grace P. Hatcher		26. Injured at home, farm, industry, public place (where?) Injured at work?		27. Means of injury Injured at work?	
28. (Date read by registrar) Aug 31 48		29. Registrar Grace P. Hatcher		30. Injured at home, farm, industry, public place (where?) Injured at work?		31. Means of injury Injured at work?	

1874
74
1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08198 57

1. PLACE OF DEATH:

County CalvertCity or town St. Leonard's, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CalvertCity or town Plum Point
(if outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME

B. Columbus

3. (b) Social Security Number

2204. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced W6.(b) Name of husband or wife Emma Gott

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 18928. AGE: Years 55 Months 10 Days 13 If less than one day _____ hrs. _____ min.9. Birthplace Calvert Co., Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Wesley Gott13. Birthplace Calvert Co., Md.14. Maiden name Eliza King15. Birthplace Calvert Co., Md.16. Informant Elia RamseyAddress St. Leonard's, Md.17. Burial Date thereof Aug. 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Emmanuel Cem.Location Plum Point, Md.18. Funeral director A. A. Harkins & SonAddress Mt. Airy, Md.19. 2/28 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/26 1948, of _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 May 1948, to _____ 1948and that I last saw him live on 8/24 1948

Immediate cause of death

Carcinoma of rectum

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wesley Gott

M. D. or other

Address Herdingtown Date signed 8/27/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County... CalvertCity or town... Olivet
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Alfonse Lee Jones

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan 17 1948

8. AGE:

Years

Months

Days

If less than one day

717

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Wally White

13. Birthplace

Ormer

MOTHER

14. Maiden name

Arzilia Gross

15. Birthplace

Olivet

16. Informant

Address

Jenna JonesOlivet

17.

(Burial, cremation, or removal. Which?)

Date thereof

8-31-48
(month) (day) (year)

Cemetery or crematory

Eastern Chapel

Location

Calvert

18. Funeral director

Address

P.E. SewellPrince Frederick, Md

19.

(Date rec'd by registrar)

8-3019-4824 W. Wood

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Calvert

City or town

Olivet

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

8/20

19

at

4 A

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him

alive on

19

Immediate cause of death

Pneumonia, Broncho

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

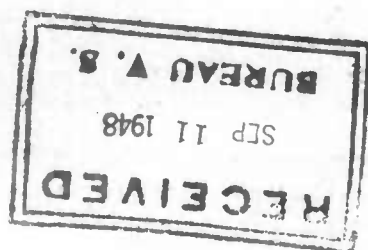
23. SIGNATURE

H. W. Jones

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

166

08200

52

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County CalvertCity or town N. Beach Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elmer Paul Hall

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Alice Hall

7. Birth date of deceased (mo., day, yr.)

Dec 30, 19166. (c) If alive, give age 28 years

8. AGE:

Years

Months

Days

If less than one day

31724

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Electrician

11. Industry or business

Wiring

MOTHER

FATHER

12. Name

Oden Hall

13. Birthplace

Md

14. Maiden name

Swedie Stalling

15. Birthplace

Md

16. Informant

Russell Hall

Address

N. Beach Md

17.

(Burial, cremation, or removal, Which?)

Date thereof

Aug 25/48
(month) (day) (year)

Cemetery or crematorium

Mt. Harmony

Location

Mt. Harmony

18. Funeral director

Mrs. H. Hutchins

Address

Owings Md

19.

(Date used by registrar)

19

48Grace L. Hutchins
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

N. Beach Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

8/23

19

48, at 2 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18

to

19

and that I last saw him

alive on

19

Immediate cause of death

Hemorrhage of lungs due to 3 jabs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Homicide

Date of

8/23/48

Where did injury occur?

N. Beach Calvert Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Bar

Means of injury

Pistol shot

Injured at work?

Md

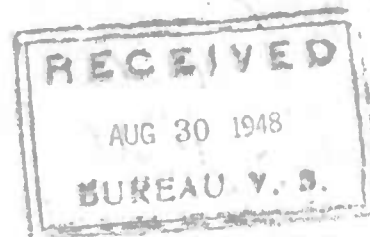
23. SIGNATURE

H. Hutchins
Owings Md

M. D. or other

Address

Date signed 8/23/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 520

1. PLACE OF DEATH:

County... *Calvert*
 City or town... *North Beach*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *DC* County... *Washington*
 City or town... *Washington*
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs Arthur Hutto (Virginia Jane)

3. (b) Social Security Number

4. Sex *F* 5. Color or race *XI* 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Arthur M. Hutto 6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

May 27 1922
 8. AGE: Years *26* Months Days If less than one day

9. Birthplace

California
 (Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Carl Whitehurst

12. Name

Kentucky

13. Birthplace

Hazel M. Turner

14. Maiden name

Ohio

15. Birthplace

Carl Whitehurst

16. Informant

2155 L. St. N.W.

Address

Removal

(Burial, cremation, or removal, which?)

Dist. 7, D.C.

Cemetery or crematory

Location

18. Funeral director

Wm. H. Hutchins

Address

Wings Md.

19. (Date read by registrar)

Aug 27 1948

Phyllis L. Hutchins

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *8/27* 19*48* at *230* AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19... and that I last saw him... alive on 19...

Immediate cause of death

Fracture of skull

Cerebral damage

due to road

autopsy

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *?*

Where did injury occur? *Washington DC*

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *Home*

Means of injury *Blow on head* Injured at work? *no*

Wm. H. Hutchins

23. SIGNATURE *Phyllis L. Hutchins*

Aug 27 1948

M. D. or other

Address *Wings Md.*

Date signed

RECEIVED

SEP 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

3. (a) FULL NAME

Florence M. Hutchins

3. (b) Social Security Number

No

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

H. Edgar Hutchins

6. (c) If alive, give age

64 years

7. Birth date of

deceased (mo., day, yr.)

Oct 5, 1914

8. AGE:

Years

Months

Days

If less than one day

731024

hrs.

min.

9. Birthplace

Baltimore, Md
(Town, county, and state)

10. Usual occupation

Home

11. Industry or business

FATHER

12. Name

Donald Bondfield

13. Birthplace

Md

MOTHER

14. Maiden name

Sarah Small

15. Birthplace

M. Va

16. Informant

Address

H. Edgar Hutchins
Prince Frederick, Md

17. (Burial, cremation, or removal. Which?)

Date thereof

Sept 1, 1948
(month) (day) (year)

Cemetery or crematory

Oakley M. E.

Location

Barstow, Md

18. Funeral director

Address

A. G. Hutchins & Son
Mutual, Md19. 8.30 48
(Date rec'd by registrar)H. H. Hays
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town Cedar Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

No

MEDICAL CERTIFICATION

20. DATE OF DEATH

8/2919 48at 8.55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8-419 48to 8/2919 48and that I last saw her alive on 8/2919 48

Immediate cause of death

Lobar Pneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

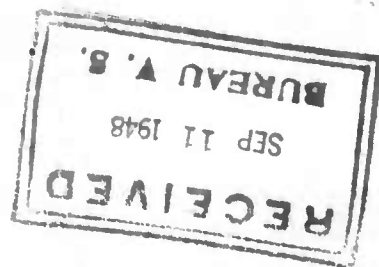
Injured at work?

23. SIGNATURE

H. H. Hays
Hutchins & Son, Md

M. D. or other

Date signed 8/30/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County... Calvert
City or town... Plum Point (In Cheseapeake Bay)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Airplane Crash
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Baltimore
City or town... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2721 N. Charles
(If rural, give LOCATION)
2.(a) If veteran, name war... World War II

3. (a) FULL NAME

Coty Arthur HYNSON

3. (b) Social Security Number

4. Sex M 5. Color of face W 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife - - -
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 25 November 1925
8. AGE: Years 22 Months 8 Days 27 If less than one day hrs. min.

9. Birthplace... Columbia, S.C.
(Town, county, and state)
10. Usual occupation... U.S. Navy.
11. Industry or business
12. Name... Unknown
13. Birthplace
14. Maiden name... Unknown
15. Birthplace

16. Informant... U.S. Navy Records.
Address
17. Burial Date thereof 8/24/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Arlington National
Location Arlington Va.
18. Funeral director P.B. Robinson
Address Leonardtown, Md.
19. 8/24 19. 48 Comalio
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... 20 August 1948 at 3.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Not attended 19..... 10..... 19.....

and that I last saw him alive on..... 19.....

Immediate cause of death Injuries,
Multiple, Extreme.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Accident Date 20 Aug. 1948

Where did injury occur? Plum Point (In Cheseapeake Bay)
(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Airplane Crash Injured at work? Yes

23. SIGNATURE... R.H. PRICE
R.H. PRICE, CDR MC USNR
M. D. or other

Address NAS, Anacostia, D.C. Date signed... 8-20-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John William Jackson

3. (b) Social Security Number

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Margaret Jackson

7. Birth date of

deceased (mo., day, yr.)

April 2, 1874

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

74

hrs. min.

9. Birthplace

Prince George's, Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

W. H. Hutchinson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Lower Marlboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

8/13

1948

at

7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/13

1948

to

8/13

1948

and that I last saw him alive on

8/13

1948

Immediate cause of death

fracture of spine

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accident

Date of

8/13/48

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

farm

Means of injury

Tree fell on him

Injured at work?

yes

23. SIGNATURE

H. W. Hutchinson

M. D. or other

Address

Huntingtown, Md.

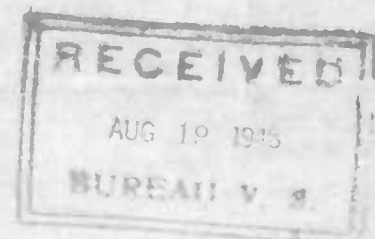
Date signed

8/15/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CHANGES IN ITEM 2:
G117 microfilm 9-23-48 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 117 SEP. 23 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 08205

1. PLACE OF DEATH:

County Calvert

City or town N. Beach (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Calvert

City or town Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 338-15th St. N.E.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Edward Magee

3. (b) Social Security Number

578-123846

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Elizabeth D. Magee

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) March 4, 1894

8. AGE:

Years

Months

Days

If less than one day

54

5

—

hrs. min.

9. Birthplace Wash DC

(Town, county, and state)

10. Usual occupation

Teacher

11. Industry or business

John Magee I

MOTHER

12. Name

John Magee I

13. Birthplace

Roanoke, Va.

14. Maiden name

Marissa (Magee) Phillips

15. Birthplace

Roanoke, Va.

16. Informant

Wm W. Wiley

Address

#1340 Farmington Rd. N.W.

17.

(Burial, cremation, or removal. Which?)

Date thereof

8/29/48

Cemetery or crematory

Washington DC

Location

Washington DC

18. Funeral director

James Chambers

Address

Wash DC

19.

8-4

19.

48

7. 4 Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/4 1948 at 10:34

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to 1948

and that I last saw him alive on 1948

Immediate cause of death

Coronary embolism

Found dead

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mens of injury Injured at work?

Signature

Address

Date signed

M. D. or other

Signature

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 13 1948

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County... CalvertCity or town... Sunderland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William H. Moore.

4. Sex

m.

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

Elizabeth Moore

7. Birth date of deceased (mo., day, yr.)

April 22 - 18616. (c) If alive, give age 84 years

8. AGE:

Years

Months

Days

If less than one day

84 97 3

hrs. min.

9. Birthplace

md
(Town, county, and state)

10. Usual occupation

Farmer.

11. Industry or business

P. Unit

MOTHER

12. Name

P. Unit

13. Birthplace

Rosa Moore

14. Maiden name

15. Birthplace

md.

16. Informant

Elizabeth Moore

Address

Sunderland.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

8-21-48
(month) (day) (year)

Cemetery or crematory

mt Hope

Location

Calvert.

18. Funeral director

P. E. Sewell.

Address

Prince Frederick, md.

19.

8-20 19 48
(Date rec'd by registrar)H. H. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... CalvertCity or town... Sunderland, md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

8-18, 19 48, at 12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....
and that I last saw him.....alive on.....19.....

Immediate cause of death

DURATION

Heart failure

Due to

Due to

hypertrophic heart and
generalized atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Edw. Villanueva

M. D. or other

Address

54 Leonard

Date signed

8/20

RECEIVED

AUG 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Cabot
City or town Prime Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cabot County Hospital

How long in hospital or institution?

7/da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CabotCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)Street No. 710
(If rural, give LOCATION)

2.(a) If veteran; name war

710

3. (a) FULL NAME

J. Guy O'berry

3. (b) Social Security Number

214-03-6286

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Minnie O'berry

7. Birth date of deceased (mo., day, yr.)

April 28, 18926. (c) If alive, give age 56 years

8. AGE:

Years

Months

Days

If less than one day

56317hrs.min.

9. Birthplace

Cabot Co., Md
(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

John H. O'berry

13. Birthplace

Cabot Co., Md

MOTHER

14. Maiden name

Helie Clocher

15. Birthplace

Cabot Co., Md

16. Informant

Mrs Maude O'berry

Address

Solomons

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Aug 17, 1948
(month) (day) (year)

Cemetery

Solomons Methodist

Location

Solomons, Md

18. Funeral director

A. A. Harkness & son

Address

Mutual, Md

19. Date rec'd by registrar

8-161948H. H. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 15, 1948, 9:15 AM

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1, 1948 to Aug 15, 1948and that I last saw him alive on August 15, 1948

Immediate cause of death

Calcium deficiency

DURATION

7 mo.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John O'berry

M. D. or other

Address

Date signed 8/16/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08207

46b

RECEIVED

AUG 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 521

1. PLACE OF DEATH:

County CalvertCity or town N. Beach
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State DC County WashingtonCity or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Frank Pfeiffer

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Alice Pfeiffer7. Birth date of deceased (mo., day, yr.) Jan 30, 1899 8. (c) If alive, give age 46 years8. AGE: Years 49 Months _____ Days _____ It less than one day _____ hrs. _____ min.9. Birthplace Wash D C
(Town, county, and state)10. Usual occupation Police

11. Industry or business _____

12. Name Unknown13. Birthplace Unknown14. Maiden name Mary Lucas15. Birthplace Wash D C16. Informant Alice PfeifferAddress 39-11 E St S. E. Wash - D C17. Removal Date thereof 8/16/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Washington National Cem.Location Prince Georges Co., Md.18. Funeral director Chambers Funeral HomeAddress Wash. D C.19. Aug 16 19 48 Shad L. Hutchins
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16 19 48 at 1457 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ to _____ 19 _____

and that I last saw h. _____ alive on _____ 19 _____

Immediate cause of death acute dilatationof Heart

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 8/16/48Where did injury occur? N. Beach (City or town) (County) (State)Injured at home, farm, industry, public place (where) Public PlaceMeans of injury was falling Injured at work? NO23. SIGNATURE Shad L. HutchinsAddress Shad L. Hutchins

Date signed _____

M. D. or other _____

RECEIVED
AUG 19 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Cecil
 City or town Bushy, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 1/2 mo.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Anne Arundel
 City or town Annapolis
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war Yes - World War II

3. (a) FULL NAME

Wilbert Henry Saboury Sr.

3. (b) Social Security Number

219-07-1656

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19, 1948 at 7:30 P.M.

6. (b) Name of husband or wife

Evelyn Marie Saboury6. (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.)

Aug. 11, 1915

8. AGE:

Years

Months

Days

If less than one day

3308

hrs.

min.

9. Birthplace

Annapolis, Md
(town, county, and state)

10. Usual occupation

Service man

11. Industry or business

FATHER

12. Name

Joseph H. Saboury

13. Birthplace

Md

14. Maiden name

Edna M. Quenter

15. Birthplace

Md

16. Informant

Evelyn M. Saboury

Address

Bushy, Md

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof Aug. 23, 1948
(month) (day) (year)

Cemetery or crematory

St. Paul's Methodist

Location

Bushy, Md

18. Funeral director

A. A. Harkness & Son

Address

Mt Airy, Md

19.

8-21-48
(Date rec'd by registrar)H. H. Ward
Registrar

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 18, 1948 to Aug 19, 1948and that I last saw him alive on Aug 19, 1948

Immediate cause of death

Acute gastric hemorrhage

DURATION

Due to

Ulcer of stomach

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work? _____

23. SIGNATURE

J. H. Harkness

M. D. or other

Address

St. RemondDate signed 8/20/48

RECEIVED

AUG 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

08210

1. PLACE OF DEATH:

County..... Calvert Hospital
 City or town..... Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Calvert
 City or town..... Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Alexander Sewell.

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

April 30, 1888

8. AGE:

Years

Months

Days

If less than one day

60

hrs.

min.

9. Birthplace

md.

(Town, county, and state)

10. Usual occupation

Sabotier

11. Industry or business

FATHER

12. Name

Alexander Sewell

13. Birthplace

md.

MOTHER

14. Maiden name

Rachel Smothers

15. Birthplace

md.

16. Informant

Martha Hardman

Address

1208-57th NW Wash D.C.

17.

Burial

Date thereof

8-22-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Olive

Location

Calvert

18. Funeral director

P.E. Sewell

Address

Prince Frederick Md.

19.

(Date rec'd by registrar)

19

48H. H. Hard

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

8-19, 1948 at 2:30 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death..... Respiratory failure

DURATION

Due to.....

Due to.....

Other conditions.....

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address.....

M. D. or other

Date signed.....

RECEIVED

AUG 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08211

Reg. Dist. No. 52

1. PLACE OF DEATH:

County CalvertCity or town Paris
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18918. AGE: Years 57 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace md.
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Wm Henry Hardisty13. Birthplace Cal. & Co.14. Maiden name Betty Howard15. Birthplace md.16. Informant William SpicerAddress Paris, md.17. Burial Date thereof Aug 10-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. HarmonyLocation Mt. Harmony md.18. Funeral director Wm. A. DitchmanAddress Dwight md.19. Aug 10 19 48 Grace S. Hutchins
(Date read by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Paris
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 Aug 19 48, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 May 19 47 to 8 Aug 19 48and that I last saw him alive on 7 Aug 19 48Immediate cause of death auricular fibrillation

DURATION

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Allegretti

M. D. or other _____

Address Huntingtown md Date signed 8/10/48

RECEIVED

AUG 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:

County CalvertCity or town Dowell Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 wk

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md CountyCity or town Baltimore Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 1306 Division St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Julia Eugenie Gray Taylor

3. (b) Social Security Number

4. Sex

F

5. Color or race

Col

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Mr. Milburn Taylor

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Dec. 23, 1900

8. AGE:

Years

Months

Days

If less than one day

47715

hrs.

min.

9. Birthplace

Dowell Md

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name

David Gray

13. Birthplace

Dowell, Md.

14. Maiden name

Emma

15. Birthplace

Dowell, Md.

16. Informant

Milburn Taylor (Husband)

Address

1306 Division St

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

8/12/48

(month) (day) (year)

Cemetery or crematory

Mt. Auburn Cem.

Location

Baltimore, Md.

18. Funeral director

Charles G. Cooper

Address

512 Carrollton Ave Balt. Md19. 8/11

(Date rec'd by registrar)

19 8/11AW Hedrick

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8th 19 48 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death

Probable coronary occlusion

DURATION

Due to

Patient was not seen before death.

Due to

Treated for heart disease about 3 yrs ago

Other conditions

in G. Bradshaw HigginsBaltimore Md.
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J.R. Brashear Jr. MD

M. D. or other

Address

Prince FrederickDate signed Aug 9 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

08213

830

1. PLACE OF DEATH:

County Calvert.City or town Owings.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Owings.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Vertie Taylor.

3.(b) Social Security Number

4. Sex

F

5. Color or race

XC

6.(a) Single, married, widowed, or divorced

X

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

7-10, 1878

8. AGE:

Years

Months

Days

If less than one day

70

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

House wife.

11. Industry or business

MOTHER FATHER

12. Name

David Randall

13. Birthplace

md.

14. Maiden name

Catherine Walkins

15. Birthplace

md.

16. Informant

George Howe

Address

Owings, md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

8-13-48
(month) (day) (year)

Cemetery or crematory

Carters Chapel

Location

Calvert Co. A.A. County

18. Funeral director

P.E. Sewell.

Address

Prince Frederick, Md.

19.

8-12-48
(Date rec'd by registrar)H. H. Hard

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10, 1948 at 4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 Jan 1947 to 8-4-48
and that I last saw de alive on 8-4-48

Immediate cause of death

Cerebral accident

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

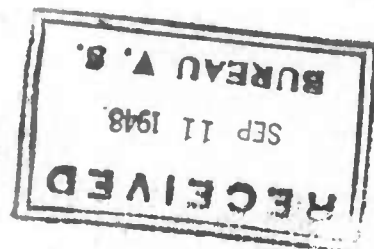
Means of injury

Injured at work?

23. SIGNATURE

H. H. Hard
Address Huntingtown Md. Date signed 8/27/48

M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date read by registrar)

19

48

Grace L. Switzer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

8/12/48

1948, at 8:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

1949
37
1911

RECEIVED
AUG 19 1948
BUREAU V. S.